837 Institutional – a.k.a. UB 92 Outpatient claim form

This document is a filed –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Software. Examples of the values needed in order to process the claim are given. Those fields with " Not Required" listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will not allow you to save a claim with a required field missing, however this does not guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered. ** Represents a list that must be created in order to process the claim. Please see attachment for directions on how to create the lists.

Header 1

FIELD	VALUE
Type of Bill	Appropriate for the claim you are billing
Provider ID **	Your 10 digit National Provider Identifier or your 7 digit Medicaid provider number
Taxonomy Code	If NPI is selected from provider list it will auto populated this will as well, if 7 digit Medicaid provider number is used this is Non Applicable
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Client ID **	This is the MID (commonly the Social Security number) of the client you are billing services for
Account Number	Not Required
Last Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
MI	Not Required
From DOS	The date you treated the client
To DOS	The date you stopped treating the client for this billing
Medical Record #	Not Required
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes
Release of Medical Data	Auto – Populated to Y = Yes
Patient Status	Choose a valid value from the drop down list.
Report Type Code	Not Required
Report Transmission Code	Not Required

HEADER 2

Diagnosis Code: Primary Admit	Are the conditions for which you are treating the client i.e. 642 = Hypertension. These can be acquired from the clients Primary Care Physician or your medical records.
E -Code	Not Required
Attending Provider SSN/Tax ID	The information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Taxonomy Code	If NPI is selected from provider list it will auto populated this will as well, if 7 digit Medicaid provider number is used this is Non Applicable
Last/Org Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
MI	Not Required
Days Covered	Not Required
Non – Covered	Not Required
Co - Insurance	Not Required
Lifetime Reserve	Not Required

HEADER 3

Occurrence Codes and Dates	Not Required
Occurrence Span Codes and Dates	Required ONLY if occurrence codes are entered

HEADER 4

Value Codes and Amounts	Not Required
Condition Codes	Not Required

HEADER 5

Surgical Procedures Principal	Not Required
Operating Physician ** Provider ID	The information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Taxonomy Code	If NPI is selected from provider list it will auto populated this will as well, if 7 digit Medicaid provider number is used this is Non Applicable
Last/Org Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard

HEADER 6

Admission Date	The date you initial started treating the client
Time	The hour and minute they became your client
Type	Choose an appropriate value from the drop down list for the type of admission
Source	Choose an appropriate value from the drop down list for the source of the admission
Discharge Hour	Not required. If applicable choose an appropriate value from the drop down list
Other Insurance Ind.	Is auto populated to N = no
This may be changed to Y = yes if billing Medical Assistance as a secondary or co -insurance   * please see attachment for further instructions when billing secondary claims

SRV

FIELDS	VALUE
From DOS	The date you treated the client
To DOS	The date you stopped treating the client for this billing
Revenue Code	Which is appropriate
Procedure	Will auto populate when claim is completed
Modifiers	Auto populated to UN = Units
Billed Amount	Will auto populate when claim is completed
Basic Unit of Measure	Auto populated to UN = Units
Units	The total units you are billing for
Unit Rate	The dollar amount you are billing for the procedure